

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson  
Township Missouri  
City Kansas City (No. St. Lukes)

Registration District No. 399  
Primary Registration District No. 1002

File No. 36714  
Registered No. 1002  
St. St. Lukes Ward

2. FULL NAME

(a) Residence, No. Rebekah Laura Milting  
(Usual place of abode) Golden Mo. St. Golden Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. W. Milting</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8 - 1856</u>		
7. AGE <u>80 years</u>	YEARS <u>11</u>	MONTHS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>North Carolina</u>
	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Golden Missouri</u>	

MOTHER	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Hellie Whittaker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>

17. INFORMANT (ADDRESS) <u>Edward Milting</u> <u>P. O. Box</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Golden Mo.</u> DATE <u>10-13</u> 19 <u>37</u>
19. UNDERTAKER (ADDRESS) <u>J. W. Goodman</u> <u>Golden Mo.</u>
20. FILED <u>10-15</u> 19 <u>37</u> <u>M. M. Crowe</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1937 to Oct 13 1937

I last saw him alive on Oct 13 1937 Death is said to have occurred on the date stated above, at 7:30 p.

The principal cause of death and related causes of importance were as follows:

Heart Failure Date of onset months

Arteriosclerosis

Heart Block

97

Other contributory causes of importance:  
Chronic arteriosclerosis years

Name of operation..... Date of.....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Heart Failure

(Signed) F. E. Thompson M. D.

(Address) 934 Oregon St.  
K. C. Mo.

